



Date: _____

REQUEST FOR QUOTATION

Gentlemen:

Please quote your lowest government price (s), stating the shortest time of delivery on the item(s) listed below and submit your quotation duly signed by your representative through email or sealed envelope directed to the Chairperson, Bids and Award Committee of this office on or before August 9, 2024.

If you do not have the exact item on request, please feel free to offer the equivalent or possible substitute.

Very Truly yours,


NECITAS D. LARGO
 BAC Chairperson

| QTY | UNIT | Description | Unit Price | Total |
|-----|------|---|------------|-------|
| 1 | LOT | Food and Accommodation for the Capacity Building on the Infant-Toddler Early Development (ITED) (Cluster 4), August 12-17, 2024 | | |
| | | <u>Venue: DAVAO</u> | | |
| | | Guaranteed No. of Person: 30 Pax | | |
| | | Expected: 43 pax | | |
| | | <u>Room Accommodation:</u> | | |
| | | - Triple Sharing individual bed w/ complete amenities | | |
| | | - August 12, 2024 - Check-In - 2:00PM | | |
| | | - August 17, 2024 - Check-Out - 12:00NN | | |
| | | <u>Meals Requirement:</u> | | |
| | | August 12, 2024 - PM Snack, and Buffet Dinner | | |
| | | August 13-16, 2024 - Buffet Breakfast, AM Snack, Buffet Lunch, PM Snack, and Buffet Dinner | | |
| | | August 17, 2024 - Buffet Breakfast, AM Snack | | |
| | | <u>Conference Room : good for 50pax</u> | | |
| | | - Conference Set-up (Rectangular Table) | | |
| | | - Secretariat Table | | |
| | | - w/ Free strong Access in WIFI | | |
| | | - One (1) LCD with wide screen | | |
| | | - Sound System and Extension Cord | | |
| | | - 4 units of Wireless Microphones | | |
| | | - With extra Extension Cord | | |
| | | - With free flowing coffee, tea and candies | | |
| | | - Backdrop (min. of 6' x 8') & Welcome Streamer (min. of 3' x 4') | | |
| | | - (2) White/Black Board w/ whiteboard pen and eraser | | |
| | | <u>Other Requirements to be submitted:</u> | | |
| | | Philgeps Registration Number | | |
| | | Mayor's Permit | | |
| | | Income/Business Tax Return | | |
| | | Omnibus Sworn Statement | | |
| | | Annex A | | |
| | | <u>Conditions:</u> | | |
| | | Terms of Payment: Send Bill | | |
| | | Quotation - inclusive of VAT | | |
| | | For any queries, you may Contact Nos. (02)8571-6833/(02) 8571-4615 | | |
| | | Email Add: ndl@eccdcouncil.gov.pn/cora@eccdcouncil.gov.ph/glenn@eccdcouncil.gov.ph | | |

After having carefully read and accept your requirements, I/we quote you on the above items and bind ourselves to deliver the above articles and description within the specified dates. The quotations are good up to 60 calendar days

| | SUPPLIER |
|---------------------|----------|
| Signature | |
| Name & Designation | |
| Office/Company Name | |
| Address | |
| Telephone/CP. No./s | |